

Please select ONE of the test choices below (one of the three boxes must be marked for the lab to accept the order).

Small-Fiber Dx™ Panel for Small Fiber Neuropathy [Standard panel includes: IENFD (PGP 9.5) + Skin morphology (H&E) + Amyloidosis (Congo Red)]

Alternative Test Options:

- IENFD (PGP 9.5) + Skin morphology (H&E)
 Amyloidosis (Congo Red) + Skin morphology (H&E)

PATIENT INFORMATION

First Name Middle Initial Last Name / Surname Date of Birth (Month/Day/Year)

Email Address Cell Phone Number Phone Number Sex at Birth Male Female
 Gender Identity: _____ ICD-10 Codes G60.3 Idiopathic neuropathy
 G90.9 Disorder of the autonomic nervous system, unspecified
 M79.2 Neuralgia and neuritis, unspecified
 R20.2 Paresthesia of skin
 Other: _____
 Guarantor Name Guarantor Date of Birth Primary Insurance Secondary Insurance

PLEASE INCLUDE ALL INFORMATION BELOW TO AVOID PROCESSING DELAYS. INCLUDE PRINTED COPIES OF REQUESTED INFORMATION WITH SPECIMEN SHIPMENT.

- Primary insurance card (front/back) Government issued ID (front/back) Patient demographic information (face sheet, etc.)
 Secondary insurance card (front/back) Relevant medical records/last note Signed statement of financial responsibility
 Nerve conduction study (if available)

PRACTICE INFORMATION

Ordering Physician/Clinician Physician NPI (US) or Clinician ID Number (International) Practice Name
 Street Address City State ZIP or Postal Code
 Phone Number Fax Number Email Address
 Clinician Performing Biopsy Physician NPI (US) or Clinician ID Number (International)
 Date of Collection (Month/Day/Year) Time of Collection AM PM

Attention: Ensure site information is filled in its entirety and match vial labels, or results may be delayed.

Biopsy Sites

	Side (Select one)	Anatomic Location (Select one)	
Specimen 1	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Posterior Cervical (PC)	<input type="checkbox"/> Other non-standard: _____
Specimen 2	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Distal Thigh (DT)	<input type="checkbox"/> Other non-standard: _____
Specimen 3	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Distal Leg (DL)	<input type="checkbox"/> Other non-standard: _____

The undersigned certifies that he/she is licensed to order the test(s) selected and that such test(s) are medically necessary for the care/treatment of this patient.

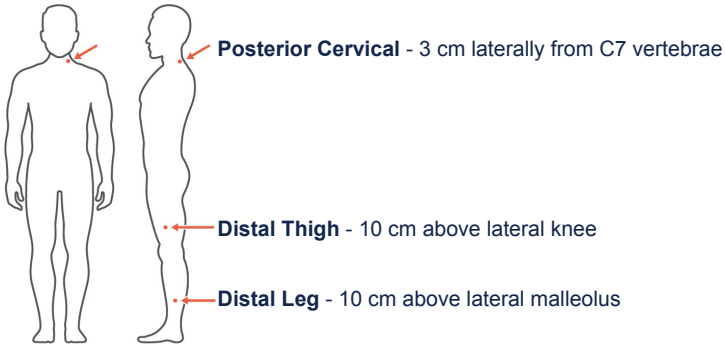
Authorized Signature _____

Date _____

For Internal Use Only

of Vials Received _____ Date Received _____ L / R _____ L / R _____ L / R _____ Initials _____

3MM SKIN BIOPSY SPECIMEN INFORMATION



Skin Biopsy Guidelines:

- When performing the biopsy, the metal head of the punch tool should be used with gentle rotation and gentle pressure until the metal part is **fully buried into the skin**
- **Gently** handle the biopsy with the forceps. Do not squeeze the epidermis
- Make sure the biopsy is **free floating** in the vial

Small-Fiber Dx is an anatomical pathology test to objectively visualize and measure intraepidermal nerve fiber density (IENFD) to support a diagnosis of small fiber neuropathy. Small-Fiber Dx includes a modified Congo Red stain to identify amyloid deposition to support a diagnosis of amyloidosis and hematoxylin and eosin (H&E) for skin morphology.